DLN: 93493306021090

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Address chan Name chan Initial return Terminated Amended re	2009 calendar yea	r ortay year beginning 01-01-2009		^			
Address chan Name chan Initial return Terminated Amended re	pplicable places		and ending 12-31-200	9	D Employer id	entification number	
Name chan Initial return Terminated Amended re	Fiease	C Name of organization SMALL WORLD CHRISTIAN SCHOOL					
Initial return Terminated Amended re	lange use IRS label or	Doing Business As			94-16175 E Telephone n		
Terminated Amended re		Dolling business As			L releptione ii	unibei	
 Amended ro		Number and street (or P O box if mail is	not delivered to street addre	ss) Room/suite	(209) 523-		
 Amended ro	Instruc- tions.	1032 6TH STREET	and to street dudie		G Gross receipts	s \$ 382,515 	
_		City or town state or country and 7ID	4		_		
Application		City or town, state or country, and ZIP + MODESTO, CA 95354	4				
пррисации	pending				_		
	F Nan	ne and address of principal officer		H(a) Is th	— nıs a group retui	n for	
		HOLTON			ates?	┌ Yes ┌ No	
		TH STREET STO,CA 95354				– . – .	
	11052	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		` ´	all affiliates inclu	· · · · · · · · · · · · · · · · · · ·	
r Tax-exem	nnt status 🔽 501(c)	(3) ◀ (insert no)	- 527			t (see instructions)	
	•	(3) 1(msert no) 1317(d)(1) 01	327	H(c) Gro	up exemption n	umber F	
J Website	∷► N/A						
K Form of org	ganization 🔽 Corporat	on Trust Association Other		L Year of f	ormation 1963	M State of legal domicile CA	
Part I	Summary				l .		
	•	e organization's mission or most sigi	nificant activities				
	PROPAGATE THE	GOSPEL OF JESUS CHRIST					
월							
eovemance 2							
ૄ _ ·	Charles to to				250 -51		
5 2	·	if the organization discontinued its					
-	_	nembers of the governing body (Part					
6 4 20 5 6 7	Number of indepen	dent voting members of the governir	ng body (Part VI, line 1b)	. 4	11	
5	Total number of en	nployees (Part V , line 2a)				51	
∮ 6	Total number of vo	lunteers (estimate if necessary) .				5	
र्वे _{7а}	Total gross unrela	ed business revenue from Part VIII	, column (C), line 12 .		7	'a	
ь	Net unrelated busi	7	'b				
			or Year	Current Year			
8	Contributions and	grants (Part VIII, line 1h)			4,591	0	
		- · · · · · · · · · · · · · · · · · · ·					
[9		revenue (Part VIII, line 2g)			382,488	375,965	
9 10		ne (Part VIII, column (A), lines 3, 4			4	0	
11	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			3,275	
12		ld lines 8 through 11 (must equal Pa		e	387,083 379		
					367,063	379,240	
13		r amounts paid (Part IX, column (A)	•			0	
14		r for members (Part IX, column (A),				0	
φ 15		mpensation, employee benefits (Par	t IX, column (A), lines 5	5 –	316,829	270,259	
16a b	10)	6 (8 17)			310,029		
∯ 16a		raising fees (Part IX, column (A), lin	elle)			0	
조 b	Total fundraising exp	enses (Part IX, column (D), line 25) ► 🖰 🔃					
17	Other expenses (Part IX, column (A), lines 11a–11d,	11f-24f)		115,823	176,877	
18	Total expenses A	dd lines 13–17 (must equal Part I)	(, column (A), line 25)		447,136		
19	Revenue less exp	enses Subtract line 18 from line 12			-45,569	-67,896	
እ ው	·			Beginnir	ng of Current	End -6 V	
E A A S & S & S & S & S & S & S & S & S &				_	Year	End of Year	
한 변 20	Total assets (Par	t X, lıne 16)			3,178	420,700	
를 21	Total liabilities (F	art X, line 26)			47,358	396,352	
空器士		d balances Subtract line 21 from lin			-44,180	24,348	
第二 22	Signature Blo				,	,	
	_	qury, I declare that I have examined this re	turn, including accompanying	schedules and	statements, and to	the best of my knowledge	
Part II		correct, and complete Declaration of prepare					
	1,			1			
Part II	*****	-)-10-26		
Part II	C	Γ		Date			
Part II	Signature of office						
Part II	JORGE IVAN MART						
Part II							
Part II	JORGE IVAN MART		Date (Check If	Preparer's ident	cifying number	
Part II Sign Here	JORGE IVAN MART		2010-11-02	self-	(see instruction	, ,	
Part II Sign Here	JORGE IVAN MART Type or print nam Preparer's signature MICHA	e and title EL A LOPEZ	2010-11-02		(see instruction	, ,	
Part II Sign Here Paid Preparer's	JORGE IVAN MART Type or print nam Preparer's signature MICHA Firm's name (or yours	e and title EL A LOPEZ	2010-11-02	self-	(see instruction	, ,	
Part II Sign Here	JORGE IVAN MART Type or print nam Preparer's signature MICHA	e and title EL A LOPEZ	2010-11-02	self-	(see instruction	, ,	

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

PROPAGATE THE GOSPEL OF JESUS CHRIST

2	Did the organization undertake and the prior Form 990 or 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conducts services?	· · · · · · ·		nducts, any program	┌ Yes ┌ No
4	Describe the exempt purpose achi Section 501(c)(3) and 501(c)(4) a allocations to others, the total exp	evements for each of to organizations and sect	ion 4947(a)(1) trusts a	are required to report the an	
4a	(Code) (Expens	es \$ 255,616	including grants of \$) (Revenue \$	375,965)
	PROVIDE CHRISTIAN PRE-SCHOOL EDUC AGES 5 TO 8 YEARS OLD IN A CHRISTIAN			YEARS 9 MONTHS AND AFTER SCI	HOOL DAY CARE FOR CHILDREN
4b	(Code) (Expens	es \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expens	es \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Descri	ae in Schedula O)			
-ru	(Expenses \$	including grants	of\$) (Revenue \$)
4e	Total program service expenses▶			<u> </u>	·

Part IV	Checklist of	Required	Schedules

_	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements I	Regarding	Other IRS	Filings	and Tax	Compliance
	ota temento i	ixegaraing	Other Tito	95	and lax	Compilation

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		No
Ь	return?	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No.
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u></u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			_ _

1032 6TH STREET MODESTO, CA 95354 (209) 523-4388

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 6]		
b	Enter the number of voting members that are independent 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Yes	
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		Νo
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11		Νο
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	ınızatıor	ı -
	DEBBIE MARTINEZ			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

ASST DIRECTOR	Check this box if the organization did n		ate any	curr	ent	or fo	rmer o	ffice	r, dırector, trustee o	or key employee	
Week State Individual trustee State Individual trustee State Individual trustee State Individual trustee Individual	(A) Name and Title	A verage hours		tion	(che		II		Reportable compensation	Reportable compensation	Estimated amount of other
ASST DIRECTOR			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
DEBBIE MARTINEZ TEACHER/MANAGER 40 00 X 28,442 0 0 ELSIE HOLTON	KAREN HILL ASST DIRECTOR	40 00				х	х		31,402	0	0
ELSIE HOLTON 25 60 V 20 600	DEBBIE MARTINEZ TEACHER/MANAGER	40 00				х			28,442	0	0
	ELSIE HOLTON DIRECTOR	35 00	х						30,600	0	0
											_

For	form 990 (2009)								
1b	Total								
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0	•							
			Yes	No					
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No					
	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization								
	(A) (B) Name and business address Description of services		(C Compe						
		$\frac{1}{1}$							
2	Total number of independent contractors (including but not limited to those listed above) who received more than								

\$100,000 in compensation from the organization

Form **990** (2009)

Form 9								Page 9
	/	Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts Disse	1a	Federated cam						
준	Ь	Membership du	es 1b					
ું.≝	C	Fundraising eve	ents 1c					
<u>≅</u> g	d		rations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants				ļ		
uatio Fer	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
운항	g		butions included in					
i d	h	lines 1a-1f \$ _		▶				
	 "	Totali / (ad illies		Business Code				
E E	2a	CHILD CARE		624,410	375,965	375,965		
еме	Ь	CHIED CARE		024,410	373,903	373,903		
ο. Œ	_ c	-						
7. 2.	d							
Ž,	e							
	f	All other progra	ım service revenue					
Program Service Revenue		Total Add lines	s 2a – 2f	L	375,965			
	g 3		ome (including dividen		375,965			
			ar amounts)	· · · · · · · · · · · · · · · · · · ·				
	4		tment of tax-exempt bond					
	5	Royalties	<u> </u>	▶				
			(ı) Real	(11) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other	(i) Securities	(II) O ther				
	ь	Less cost or other basis and sales expenses						
	c	Gain or (loss)		▶				
ψ	8a	Gross income f						
Other Revenue		\$of contributions See Part IV , lin						
<u> </u>	Ь	Loss director	a penses b	6,550				
₹	c		(loss) from fundraising		3,275	3,275		
	9a		rom gamıng actıvıtıes					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		loss) from sales of inve	1				
		Miscellaneous	s Revenue	Business Code				
	11a							ļ
	b							
	C C	Λ II α+b = = ···						
	d e		ue s 11a-11d					
		rotan Aud IIIIes	, 114 114	· · · · •				
	12	Total revenue.	See Instructions .	▶	379,240	379,240		

Form 990 (2009) Part IX Statement of Functional Expenses

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus other organizations must complete column (A) but are not required to c			(D).	
Do no	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	90,444	28,442	62,002	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	153,449	153,449	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,248	2,248	0	0
10	Payroll taxes	24,118	13,915	10,203	0
11	Fees for services (non-employees)				
а	Management				
b	Legal	20,000	0	20,000	0
c	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,487	0	3,487	0
13	Office expenses	1,458	0	1,458	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	43,475	0	43,475	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	40,117	40,117	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES-GENERAL	5,034	2,557	2,477	0
ь	AUTO EXPENSE	450	0	450	0
с	BANK SVC CHARGES	233	0	233	0
d	BOOKS & PUBLICATIONS	6,421	6,421	0	0
e	TELEPHONE	8,329	0	8,329	0
f	All other expenses	47,873	8,467	39,406	0
25	Total functional expenses. Add lines 1 through 24f	447,136	255,616	191,520	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	,230			
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) End of year Beginning of year -25.047 29,075 1 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 143,400 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 28,225 7 248,225 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 3,178 16 420,700 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses 18 18 19 19 Tax-exempt bond liabilities 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 348.081 23 Secured mortgages and notes payable to unrelated third parties . . 46,500 46,500 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities Complete Part X of Schedule D 858 25 1,771 26 **Total liabilities.** Add lines 17 through 25 47,358 26 396,352 Organizations that follow SFAS 117, check here ▶
☐ and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. ö 1,389 30 30 93,738 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 -45,569 32 -69,390 Retained earnings, endowment, accumulated income, or other funds ¥ĕ 33 Total net assets or fund balances -44,180 33 24,348 34 Total liabilities and net assets/fund balances 3.178 34 420,700

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	2b		Νο
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493306021090

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

SMALI	L WORL	D CHRISTIAN SCHOOL				94-1617558					
Pa	rt I	Reason for Pu	blic Charity Stat	us (All organizations	must complete this par		ctions				
					h 11, check only one box						
1		A church, conventi	on of churches, or as	sociation of churches se	ction 170(b)(1)(A)(i).						
2	굣	A school described	ın section 170(b)(1)	(A)(ii). (Attach Schedul	e E)						
3	Г	A hospital or a coo	perative hospital serv	vice organization describ	ed in section 170(b)(1)(A	.)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6	<u> </u>	, ,	-	-	bed in section 170(b)(1)(
7	ı	described in	at normally receives a A)(vi) (Complete Pa	·	upport from a government	al unit or from th	ne general	public			
8	Г			170(b)(1)(A)(vi) (Comp	olete Part II)						
9	Ė	•			its support from contribut	tions. memberst	nıp fees. aı	nd aros	SS		
_	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
					s taxable income (less se						
					9(a)(2). (Complete Part I						
10	Г				ıblıc safety See section 50						
11	Ė	An organization org	, janized and operated y supported organiza	exclusively for the benef tions described in sectio orting organization and co	it of, to perform the function 509(a)(1) or section 50 omplete lines 11e through Functionally integrated	ons of, or to car 19(a)(2) See se 11h	•	a)(3).	Check		
e	Γ				lled directly or indirectly t cly supported organization	•					
f			received a written de	termination from the IRS	that it is a Type I, Type I	I or Type III su	pporting o	rganız	ation,		
g		following persons?	,		r contribution from any of						
		• • •	•	,	gether with persons descr	ibed in (ii)		Yes	No		
				the supported organizat	ion?		11g(i) 11g(ii)				
	(ii) a family member of a person described in (i) above?										
		• •	·	described in (i) or (ii) ab			11g(iii)				
h		Provide the followin	ng information about t	the supported organizatio	n(s)						
			(iii)	(iv)	(v)	(vi)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?
			instructions))	Yes	No	Yes	No	Yes	No
Total									

ınstructions

							r age =
	Part II Support Schedule					and 170(b)	(1)(A)(vi)
_	(Complete only if you ection A. Public Support	u checked the	box on line 5,	7, or 8 of Part	1.)		
				1	1		
Car	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	,		1			
_	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Public Support. Subtract line 5 from						
6	line 4						0
S	ection B. Total Support	1	'		-		· ·
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(=) 2007	(d) 2008	(2) 2000	(f) Total
	ın)	(a) 2005	(b) 2006	(c) 2007	(a) 2008	(e) 2009	(I) I Otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						0
	securities loans, rents, royalties						١
	and income from similar sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) Gross receipts from related activiti	as atc (Saa inst	tructions)		<u>I</u>	1 42	
	·		Ť		6.64 L	12	
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	ion's first, second	i, tnira, fourth, or	TITTE TAX year as a	501(c)(3) org	anization,
	eneck this box and stop here						- 1
S	ection C. Computation of Pub	olic Support F	Percentage				
14	Public Support Percentage for 2009	9 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 2008	3 Schedule A, Pa	irt II, line 14			15	
16a	33 1/3% support test-2009. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	% or more, che	k this box
	and stop here. The organization qua	alıfıes as a public	ly supported orga	nızatıon			▶ ┌
b	33 1/3% support test—2008. If the	-			6a, and line 15 is	33 1/3% or mo	
	box and stop here. The organization						▶ ┌
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization made						
	in Part IV how the organization mee organization	ers the lacts and	a circumstances	test The organiz	zation quannes as	a publicly sup	ported F
ь	10%-facts-and-circumstances test	-2008 . If the ora	anization did not	check a hox on li	ne 13.16a 16b	or 17a and line	
_	15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organiza						ıcly
	supported organization						▶ □
18	Private Foundation If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a d	or 17b, check this	box and see	

►□

Pa	Support Schedule (Complete only if yo				(a)(2)		
	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
-	membership fees received (Do no	t					
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	י					
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities tha	t					
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its						
	behalf						
5	The value of services or facilities						
	furnished by a governmental unit t	ю					
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3	3					
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the	e					
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						
Se	ection B. Total Support					l	
	ndar year (or fiscal year beginning	() 2005	(1) 2006	() 2007	(I) 2000	() 2000	(6) T
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capıtal assets (Explaın ın Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is	for the organization	n's first second	third fourth or	fifth tay year as a	501(c)(3) organ	nization
	check this box and stop here	organizati	5 5 ., 5	,, 10 a1 c11, 01	can your as t	(c/(J/ orga	▶ □
							. ,
Se	ction C. Computation of Pul	blic Support Pe	ercentage				
15	Public Support Percentage for 200	9 (line 8 column (f) divided by line	13 column (f))		15	0 (
16	Public support percentage from 20	008 Schedule A, P	art III, line 15			16	
	-	·					
Se	ction D. Computation of Inv	vestment Inco	me Percentac	 је			
17	Investment income percentage for				ı (f))	17	0 (
18	Investment income percentage fro	•					
	•		•		1 l.m. 4 5	18	41
тая	33 1/3% support tests—2009. If the more than 33 1/3%, check this box					Liiaii 33 1/3% an	u iiiie 17 is not

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 94-1617558

Name: SMALL WORLD CHRISTIAN SCHOOL

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES-GENERAL	5,034	2,557	2,477	0
AUTO EXPENSE	450	0	450	0
BANK SVC CHARGES	233	0	233	0
BOOKS & PUBLICATIONS	6,421	6,421	0	0
TELEPHONE	8,329	0	8,329	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493306021090

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

illai i to	F Attacil to F	of the 350. F See Separate Histractions.			THOPOUL	~
	e of the organization WORLD CHRISTIAN SCHOOL		Empl	loyer identifica	ition number	
			94-1	617558		
art	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99				. Complete	e if the
		(a) Donor advised funds	(b) Funds and c	ther account	ts
Т	otal number at end of year					
Α	ggregate contributions to (during year)					
Α	ggregate grants from (during year)					
Α	ggregate value at end of year					
	Old the organization inform all donors and donor advi unds are the organization's property, subject to the		nor advı	sed	☐ Yes	Гис
u	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben		•		Г Yes	┌ No
	onferring impermissible private benefit Conservation Easements. Complete	if the organization answered "Ves"	to Form	, 000 Dart IV	<u>'</u>	
Γ Γ α	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a Preservation of a	certified	d historic struc	•	
е	easement on the last day of the tax year			Hald at the	End of the Y	
т	otal number of conservation easements		2a	пенаттне	Elia of the f	eai
	otal number of conservation casements otal acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his		2c			
		· <i>'</i>				
	Number of conservation easements included in (c) a		2d			
t	lumber of conservation easements modified, transfe he taxable year ► lumber of states where property subject to conserva			, , , , , , , , , , , , , , , , , , ,		
	Does the organization have a written policy regarding			violations and	1	
е	enforcement of the conservation easements it holds?		-		☐ Yes	┌ No
S	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments di	ırıng the year l	-	
Δ	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	ts durıng	the year 🟲 🕏 .		
	Does each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of se	ction		☐ Yes	┌ No
b	n Part XIV, describe how the organization reports co valance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	the footnote to the organization's financia	-	•		
rt	Organizations Maintaining Collection Complete if the organization answered '		or Oth	ner Similar	Assets.	
а	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	rch ın fuı			
h	f the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			► \$		
I	f the organization received or held works of art, histological organization received to be reported under SFA	·	for finan			
F	Revenues included in Form 990, Part VIII, line 1			► \$		
Δ	Assets included in Form 990, Part X			► \$		
				· · ·		

Par	Organizations Maintaining Co	llections of Art,	<u>His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	r Similar As	sets (c	ontınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	owing t	hat are	a sıgnıfıca	int us	se of its collec	tıon	
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams			
b	Scholarly research		e	Γ	O ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and explai	n how	v the y	furthe	r the orç	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г Yes	┌ No
Par	Part IV, line 9, or reported an am						answere	d "Ye	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	ot	Г Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollow	ıng ta	ıble		Г		Δι	nount	
С	Beginning balance							1c		ilount	
d								1d			
	Additions during the year						-				
e £	Distributions during the year							1e			
f -	Ending balance						L	1f			
2a	Did the organization include an amount on Fo		217							│ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete i	f the organization (a)Current Year		Were Prior Y			orm 990, Years Back		TIV, line 10. Three Years Back	(a)Four V	'ears Back
la	Beginning of year balance	(a)current rear	(6)	JETIOI I	Cai	(c)iwo	Tears back	1(4)	ilice rears back	(e) our i	cars back
b	Contributions							+-			
c	Investment earnings or losses							+-			
d	Grants or scholarships							+-			
e	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a:	s								
а	Board designated or quasi-endowment	%									
b	Permanent endowment 🕨 %										
С	Term endowment ▶ %										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tıon t	that a	re held	and adı	mınıstered	d for t	:he	Yes	No
	(i) unrelated organizations								За	(i)	
ь	(ii) related organizations	ns listed as required						٠. ٠	3a	(ii) b	
4	Describe in Part XIV the intended uses of the										
Pai	t VI Investments—Land, Buildings	s, and Equipmer	<u>ıt. S</u>	<u>ee F</u>	orm 99	<u>90, Par</u>	Γ΄		I		
	Description of investment				a) Cost o sıs (ınve		(b)Cost or basis (oth		(c) Accumulat depreciation	1701	Book value
1a	Land						<u> </u>				
b	Buildings		-								
c	Leasehold improvements		•				<u> </u>				
d	Equipment			- 1			1		I		
	• •		-	-							

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(2,2333,433,433,434,434,434,434,434,434,4	(2,230	Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
(a) Descrip		(b) Book value
	ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	

additional information

Return Reference | Explanation

Ident if ier

a r	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its
	Total revenue (Form 990, Part VIII, column (A), line 12)	2
	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	2
	Net unrealized gains (losses) on investments	4
	Donated services and use of facilities	5
	Investment expenses	6
	Prior period adjustments	7
		8
	Other (Describe in Part XIV)	9
	Total adjustments (net) Add lines 4 - 8	-
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Ė	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains on investments	
	Donated services and use of facilities	
	Recoveries of prior year grants	
	Other (Describe in Part XIV)	
	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
	Other (Describe in Part XIV)	
	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
į	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	
	Donated services and use of facilities	
	Prior year adjustments	1
	Other losses	1
	Other (Describe in Part XIV)	1
	Add lines 2a through 2d	- 2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIV)	
	Other (Describe in Part XIV)	4.
	Other (Describe in Part XIV)	4c 5

Schedule D (Form 990) 2009

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

SMALL WORLD CHRISTIAN SCHOOL

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	94-161/558			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	THE RACIALLY NONDISCRIMINATORY POLICY IS STATED ON THE ADMISSIONS PAPERWORK FOR ALL APPLICANTS		100	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)		100	
	Tryou answered the to any of the above, please explain Tryou need more space, ase selledate of (101111 550)			
		1		
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
••	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			110
		1		
		1		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Νo
Ь	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493306021090

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization SMALL WORLD CHRISTIAN SCHOOL **Employer identification number**

94-1617558

art I	Excess Benefit	Transactions	(section	n 501(c)(3)) and sectior	า 501 (c)	(4) organizations only)	١.

Complete If the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

	Enter the amount of tax imposed on the organization managers or disquasection 4958		\$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organ	nization		
aı	rt II Loans to and/or From Interested Persons.			
	Complete if the organization answered "Yes" on Form 990, Part 1	V, line 26, or Form 990-EZ, Part V, line 38a		
	(h) Loan to	(f)		

(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)O riginal principal amount	(d)Balance due	(e) In default?		Approved by board or committee?		(g) Written agreement?		
	То	From			Yes	No	Yes	No	Yes	No	
RAY ELSIE HOLTON PART OF LITIGATION		X	180,000	143,400		Νο	Yes			Νο	

143,400

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No Yes

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DLN: 93493306021090

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

Supplemental Information to Form 990

Name of the organization SMALL WORLD CHRISTIAN SCHOOL Employer identification number

94-1617558

ldentifier	Return Reference	Explanation
Pt VI-A, Line 5		ON-GOING LITIGATION SINCE AUGUST 2008 FORMER PASTOR
Pt VI-A, Line 5		EMBEZZLED FUNDS FROM THE SCHOOL
Pt VI-A, Line 8a		MONTHLY MEETINGS ARE HELD, BUT NO MINUTES ARE TAKEN
Pt VI-A, Line 8b		MEETINGS ARE HELD, BUT NO MINUTES ARE TAKEN
Pt VI-B, Line 11A		THE DIRECTOR OF THE SCHOOL REVIEWS THE 990 BEFORE FILING
Pt VI-B, Line 15		COMPENSATION OF DIRECTORS AND KEY EMPLOYEES ARE BASED
Pt VI-B, Line 15		UPON THE BUDGET FOR THE YEAR
Pt VI-C, Line 19		FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		REQUEST